

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year: **2001**

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name: STEVENSON ALABAMA HOUSING AUTHORITY**

**PHA Number: AL167**

**PHA Fiscal Year Beginning: (mm/yyyy) 07/2001**

**PHA Plan Contact Information:**

Name: **Shirley Woodall**

Phone: **256-437-3009**

TDD:

Email (if available): **stalhoau@yahoo.com**

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)**

- ☒ Main administrative office of the PHA (**52 Old Mt. Carmel Rd.**)  
☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA (**52 Old Mt. Carmel Rd.**)  
☐ PHA development management offices  
☐ Main administrative office of the local, county or State government  
☐ Public library  
☐ PHA website  
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA (**52 Old Mt. Carmel Rd.**)  
☐ PHA development management offices  
☐ Other (list below)

**PHA Programs Administered:**

☒ Public Housing and Section 8      ☐ Section 8 Only      ☐ Public Housing Only

## Annual PHA Plan Fiscal Year 2002

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

### Contents

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<b>THE FOLLOWING ARE INCLUDED IN THE BODY OF THE PLAN AND NOT LISTED AS ATTACHMENTS:</b>	
<input checked="" type="checkbox"/> Resident Membership on PHA Board or Governing Body	29
<input checked="" type="checkbox"/> Membership of Resident Advisory Board or Boards	30
<input checked="" type="checkbox"/> Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) ( <b>Included in the PHA Plan Text</b> )	
<input type="checkbox"/> Other (List below, providing each attachment name)	

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

**The Annual Plan was developed by the Stevenson Alabama Housing Authority in accordance with the new HUD rules and regulations, after consultation with necessary parties and entities. All necessary accompanying documents are attached to the document, or available upon request.**

**The Stevenson Alabama Housing Authority's goal and objective is to promote adequate and affordable housing, economic opportunities, and a suitable living environment, free from discrimination.**

**The PHA intends to use all Capital Fund Program funds available to make our existing apartment units more attractive, improve quality of living, and better living conditions for all persons regardless of race, color, religion, sex, family status and disabilities. We also plan to improve our vacancies by improving the turn around time for vacant units, advertising in local newspaper to gain more applicants**

**The PHA plans to follow the deconcentration policy, which includes the mixing of income families. This will in turn insure a balance of income levels at each site.**

**The PHA has set a discretionary minimum rent for both public housing and Section 8 families and adopted a minimum rent hardship policy.**

### **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

ACOP Policy, Grievance Procedures and Lease were updated and approved by Board of Commissioners (Resolution # 1200-74) on December 21, 2000, using the HUD approved updates of the Alabama Task Force. These policies, procedures and lease include the Pet Policy, effective October 1, 2000, and the Community Service Policy which goes into effect the beginning of the Fiscal year, July 1, 2001.

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. **X** Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ **\_180,000 (Estimate)**

C. **X** Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

## **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes **X** No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/>

Submitted, pending approval <input type="checkbox"/>
Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one)
<input type="checkbox"/> Part of the development
<input type="checkbox"/> Total development
7. Relocation resources (select all that apply)
<input type="checkbox"/> Section 8 for      units
<input type="checkbox"/> Public housing for      units
<input type="checkbox"/> Preference for admission to other public housing or section 8
<input type="checkbox"/> Other housing for      units (describe below)
8. Timeline for activity:
a. Actual or projected start date of activity:
b. Actual or projected start date of relocation activities:
c. Projected end date of activity:

#### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes **X** No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

#### **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ 25,000
- C. ☒ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☒ Yes ☐ No: The PHDEP Plan is attached at Attachment D

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? **The comments from the Resident Advisory Board, speaking for the Residents pertained to items to be included in the five year plan for the CFP Program and also commented on the success that the PHDEP Programs had brought to the Authority in making it a better place to live.**
2. If yes, the comments are Attached at Attachment (File name) **(See #1 above)**
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
☐ Yes ☐ No: below or  
☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_.
- ☒ Other: (list below) **The PHA addressed the suggestions and agreed to provide the needs as funds are available from the general fund and CFP grants. Suggestions are included in the five year Capital Fund Plan.**

## **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) **City of Stevenson. Our plan is based upon the State Consolidated Plan**

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**The PHA will continue to modernize (as funds become available) and maintain existing public housing units. The PHA will continue to administer Section 8 Vouchers. The above will allow the PHA to met the needs of the jurisdiction's very low to moderate income families that have ha hard time finding housing and that have a rent burden. The City of Stevenson supports The Stevenson Alabama Housing Authority in all its endeavors. This will help the Governmental goal of providing suitable housing to poverty stricken families.**

**The PHA activities and initiatives dealing with resident safety, crime prevention and drug elimination are consistent with the goals of our local law enforcement as well as county law**



**enforcement and with HUD regulations to provide decent, safe, and sanitary housing for persons or families with low incomes.**

**The City of Stevenson and the PHA have agreed that services will be provided to the PHA Residents and will cooperate in the development of new programs, law enforcement and other items that will benefit citizens of the municipality as well as residents of the PHA.**

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### **A. Substantial Deviation from the 5-year Plan:**

**We have deviated from the 5 year CFP Plan from last year for the betterment of our Authority. The roofs are beginning to develop a few small leaks in a few apartments in both AL167001 & AL167002. The roofs are aged and shingles beginning to turn up and we feel that it is time to re-roof before major problems occur.**

#### **B. Significant Amendment or Modification to the Annual Plan:**



**Attachment A**  
**Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>x</b>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<b>x</b>	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
<b>x</b>	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<b>x</b>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<b>X</b>	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<b>X</b>	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
<b>X</b>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<b>X</b>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<b>X</b>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<b>X</b>	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<b>X</b>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
<b>X</b>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
<b>X</b>	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
<b>X</b>	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
<b>X</b>	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**Attachment B**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b>  <b>The Stevenson Alabama Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  <b>2001</b>	
<b>X Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>			
<b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	<b>2.000</b>			
5	1411 Audit				
6	1415 liquidated Damages				



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b>  <b>The Stevenson Alabama Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  <b>2001</b>
<div style="display: flex; justify-content: space-between;"> <div> <b>X Original Annual Statement</b>  <b>Performance and Evaluation Report for Period Ending:</b> </div> <div> <input type="checkbox"/> Reserve for Disasters/ Emergencies   <input type="checkbox"/> Revised Annual Statement (revision no:    )  <input type="checkbox"/> Final Performance and Evaluation Report         </div> </div>					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
7	1430 Fees and Costs	15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	27,600			
10	1460 Dwelling Structures	151,618			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	20,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	216,218			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name:		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant:		
<b>The Stevenson Alabama Housing Authority</b>						<b>2001</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>H/A Wide</b>	<b>Advertisements</b>	<b>1410</b>		<b>500</b>				
H/A Wide	Accounting	1410		1,500				
167-001/002	A & E Fees	1430		15,000				
167-001/002	12 additional Parking Spaces	1450		25,350				
	300' repair or replace sidewalk	1450		2,250				
167-001/002	Maintenance Truck	1475		20,000				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>The Stevenson Alabama Housing Authority</b>			Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <b>2001</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>						
PHA Name: <b>The Stevenson Alabama Housing Authority</b>		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:				
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)		
	Original	Revised	Actual	Original	Revised	Actual
167-001/002	2/28/03			06/30/04		



## Attachment C

### Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
AL167-001 & 002	PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Back up heat per unit in case of power outage , outside storage buildings For each unit. (would have to combine several years to do this)	441,800.00	2002, 2003, 2004
Landscaping \$1,000 per unit, additional playground equipment	194,000.00	2005
<b>Total estimated cost over next 5 years</b>	<b>635,800.00</b>	

**ATTACHMENT D****PHA Public Housing Drug Elimination Program Plan**

**Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

**Section 1: General Information/History****A. Amount of PHDEP Grant \$25,000****B. Eligibility type (Indicate with an “x”) N1\_\_\_\_\_ N2\_\_\_\_\_ R\_X\_\_\_\_\_****C. FFY in which funding is requested \_2001\_****D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

The Goal of the Stevenson Alabama Housing Authority is to reduce/eliminate drugs/crime and violence in Public Housing, We also wish to provide positive alternatives to drugs Violence and crime through alternative positive programs for youth and adults alike.

**The PHA proposes to address the problems of drugs and crime in public housing with additional police patrol and community policing.**

**Partnerships with Law Enforcement to provide drug educational programs for the youth in public housing.**

**Partnerships with other community agencies to continue and expand comprehensive programs for youth and adults. These programs include drug prevention programs, adult educational, after-school tutoring, summer camp and special programs for the elderly as related to their needs.**

**E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

<b>PHDEP Target Areas (Name of development(s) or site)</b>	<b>Total # of Units within the PHDEP Target Area(s)</b>	<b>Total Population to be Served within the PHDEP Target Area(s)</b>

Kentucky, Cargile & a portion of Avery Site	44	20 (at present due to Mod program)
Avery Site	50	39 occupied units

### F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months   X      18 Months           24 Months       

### G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995	0					
FY 1996	\$50,000.00	AL09DEP1670196	-0-	-0-	12/01/1996	11/30/1998
FY 1997	\$50,000.00	AL09DEP1670197	-0-	-0-	01/01/1998	12/31/1999
FY1998	\$50,000.00	AL09DEP1670198	-0-	-0-	01/01/1999	12/30/2000
FY 1999	\$25,000.00	AL09DEP1670199	\$24,007.00	-0-	02/01/2000	01-31-2002

## **Section 2: PHDEP Plan Goals and Budget**

### **A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

### **B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

<b>FFY 2001 PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	\$7,200.00
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	16,600.00
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	1,200.00
<b>TOTAL PHDEP FUNDING</b>	<b>25,000.00</b>



### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$ 7,200.00		
Goal(s)	Reduce/Eliminate drugs/crime/violence in public housing						
Objectives	Signing a continuing contract with the SPD, expanding the monitoring of drug activity and other criminal activity						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHED P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.Additional patrols			2/03	1/31/04	7,200		The SPD is evaluated by several indicators: 1. Statistical Data from I & O Reports 2. UCR Part I crimes and drug arrests in public housing 3. Resident Surveys 4. Resident Complaints 5. Local crime/drug data
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators

1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							

3.						
----	--	--	--	--	--	--

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$16,600		
Goal(s)	Provide positive alternative programs for youth and adults to reduce the drug, crime and violence in public housing.						
Objectives	Provide alternatives to drugs, violence and crime through recreational/cultural, education and other positive programs						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1After School Tutoring Program	15	All Sites	02/03	01/31/04	6,600 for all programs		For all Youth Programs the Data
2.REAP Program	15	All Sites	06/03	06/30/03 (1 WEEK)			Collection will be based on:

3.RAP Program	19	All Sites	06/03	07/31/03			1. Participants improvement of grades
3. DARE Day	150	5 grades					2. Interviews with Teachers
4. Youth Programs	30	All Sites	01/03	01/31/04			3. Program Reports
5. Drug Prevention	30	All Sites	<u>01/03</u>	<u>01/31/04</u>			4. Parents Reports
6. Adult Prevention Education	35	All Sites					5. Before & After attitudes of Participants
7. Elderly Programs	15	All Sites					Adult Programs evaluation based on attitudes (before & after) , resident evaluations, and participant interviews.
Administrative:							
Drug Grant Coordinator \$7,200.00					7,200.00		
Crime Data Admin. \$2,800.00					2,800.00		

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment		Total PHDEP Funding: \$
Goal(s)		
Objectives		

Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$1,200.00		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.Resident Survey			08/03	12/03	1,200	-0-	Resident Survey Results
2.							
3.							

**Required Attachment \_\_\_\_: Resident Member on the PHA Governing Board (INCLUDED IN BODY OF PLAN)**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

**Jane Gamble**

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed by Mayor and Stevenson City Council

C. The term of appointment is (include the date term expires): **Expires 03/07/2004**

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐

Other (explain):

B. Date of next term expiration of a governing board member: **03/07/2002**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**The members of the Board of Commissioners are appointed by the Mayor of the City of Stevenson and approved by the City Council.**

**The Board of Commissioners include the following and expiration date of their term:**

<b>Don Jordan, Chairman of the Board,</b>	<b>03/07/2005</b>
<b>James R. (Dan) Matthews, Vice Chairman</b>	<b>03/07/2002</b>
<b>Jimmy Caperton</b>	<b>03/07/2003</b>
<b>Tommy Ballard</b>	<b>03/07/2006</b>
<b>Jane Gamble</b>	<b>03/07/2004</b>

**Required Attachment \_\_\_\_\_: Membership of the Resident Advisory Board or Boards (INCLUDED IN BODY OF PLAN)**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

**The following Resident Advisory Board was elected by the Residents:**

**L. D. Holcomb, President**  
**Beatrice Brewster, Vice President**  
**Lora Barclay, Secretary**  
**Yvonne Merritt, Treasurer**

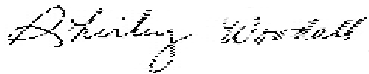


## ***FAIR HOUSING CERTIFICATION***

*The Stevenson Alabama Housing Authority Board of Commissioners has adopted numerous policies and procedures relating to the business of the Housing Authority. Discrimination of any type is not condoned nor tolerated by the Housing Authority. All policies are in place that plainly states that discrimination will not be tolerated. All persons are encouraged to report any claims of discrimination or other problems for resolution to the Housing Authority Management.*

*The Stevenson Alabama Housing Authority refers any fair housing claims made to the Office of Fair Housing located in Montgomery, Alabama. We, the Housing Authority Management and Board of Directors, stand ready to help any person present a claim for discrimination or fair housing to the proper agency.*

*I, Shirley Woodall, Executive Director for Stevenson Alabama Housing Authority, cannot find any area where the fair housing laws are violated. A review of the policies and procedures of the Stevenson Alabama Housing Authority have been reviewed and in my opinion, found to be non-discriminatory in nature.*

A handwritten signature in cursive script that reads "Shirley Woodall".

*Shirley Woodall, Executive Director Stevenson  
Alabama Housing Authority*

ATTACHMENT E

**PET POLICY ADDENDUM**  
**Stevenson Alabama Housing Authority (HA)**  
**Dwelling Lease Addendum**

This addendum is being executed in accordance with Section XVI of the *Dwelling Lease*

**SECTION I.**

- 1. *Pet Ownership: A tenant may own one or more common household pets or have One or more common household pets present in the dwelling unit of such tenant, subject to the following conditions:***
  - A. *Each Head of Household may own up to two pets. If one of the pets is a dog Or cat, (or other four legged animal), the second pet must be contained in a cage or aquarium for fish. Each bird or other animals, other than fish, shall be counted as one pet.***
  - B. *If the pet is a dog or cat, it must be neutered/spayed by the age of six (6) months, and cats must be declawed by the age of three (3) months. The evidence can be provided by a statement/bill from a veterinarian and/or staff of the humane society. The evidence must be provided prior to the execution of this agreement and/or within 10 days of the pet becoming of the age to be neutered/spayed or declawed. Tenant must provide waterproof and leak proof litter boxes for cat waste, which must be kept inside the dwelling unit. Cardboard boxes are not acceptable and will not be approved. The Tenant shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary. Also, the weight of a cat cannot exceed 10 pounds (fully grown) and a dog may not exceed 20 pounds in weight (fully grown). All other four-legged animals are limited to 10 pounds (fully grown).***
  - C. *If the pet is a bird, it shall be housed in a birdcage and cannot be let out of the Cage at any time.***
  - D. *If the pet is a fish, the aquarium must be twenty gallons or less, and the Container must be placed in a safe location in the unit. The Tenant is limited to one container for the fish; however, there is no limit on the number of fish that can be maintained in the container as long as the container is maintained in a safe and nonhazardous manner.***
  - E. *If the pet is a cat or dog, it must have received rabies and distemper inoculations or boosters, as applicable. Evidence of inoculations can be provided by a statement/bill from veterinarian or staff of the humane society and must be provided before the execution of this agreement.***

- F. All pets must be housed within the unit and no facilities can be constructed outside of the unit for any pet. No animal shall be permitted to be loose and If the pet is taken outside it must be taken outside on a leash and kept off other Tenant's lawns. Also, all pets must wear collars with identification at all times. Pets without a collar will be picked-up immediately and transported to the Humane Society or other appropriate facility.*
- F. All authorized pet(s) must be under the control of an adult. An unleashed pet, Or one tied to a fixed object, is not considered to be under the control of an adult. Pets which are unleashed, or leashed and unattended, on HA property Must be impounded and taken to the local Humane Society. It shall be the responsibility of the Tenant to reclaim the pet at the expense of the Tenant. Also, if a member of the HA staff has to take a pet to the Humane Society the Tenant will be charged \$50 to cover the expense of taking the pet(s) to the Humane Society.*
- G. Pet(s) may not be left unattended for more than twenty-four consecutive hours. If it is reported to HA staff that a pet(s) has been left unattended for more than a twenty-four (24) consecutive hour period, HA staff may enter the unit and remove the pet and transfer the pet to the humane society. Any expense to remove and reclaim the pet from any facility will be the responsibility of the Tenant. In the case of an emergency, the HA will work with the resident to allow more than 24 hours for the resident to make accommodations for the pet.*
- H. Pet(s), as applicable, must be weighed by a Veterinarian or staff of the humane society. A statement containing the weight of the pet must be provided to the HA prior to the execution of this agreement and upon request by the HA.*

**NOTE:**

**Any pet that is not fully grown will be weighed every six months. Also, any pet that exceeds the weight limit at any time during occupancy will not be an eligible pet and must be removed from HA property.**

- 1. Responsible Pet Ownership: Each pet must be maintained responsibly and in Accordance with this pet ownership lease addendum and in accordance with all applicable ordinances, state and local public health, animal control, and animal anti-cruelty laws and regulations governing pet ownership. Any waste generated by a pet must be properly and promptly disposed of by the tenant to avoid any unpleasant and unsanitary odor from being in the unit.***

2. *Prohibited Animals: Animals or breeds of animals that are considered by the HA To be vicious and/or intimidating will not be allowed. Some examples of animals that a reputation of a vicious nature are: reptiles, rottweiler, doberman pinscher, pit bulldog, and/or any animal that displays vicious behavior. This determination will be made by a HA representative prior to the execution of this lease addendum.*
3. *Pet(s) shall not disturb, interfere or diminish the peaceful enjoyment of other Tenants. The terms, "disturb, interfere or diminish" shall include but not be limited to barking, howling, chirping, biting, scratching and other like activities. This includes any pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one-half hour or more and therefore disturbs any person at any time of the day or night. The Housing Manager will terminate this authorization if a pet disturbs other tenants under this section of the lease addendum. The Tenant will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.*
4. *If the animal should become destructive, create a nuisance, represent a threat to Safety and security of other persons, or create a problem in the area of cleanliness and sanitation, the Housing Manager will notify the tenant, in writing, that the animal must be removed from the Public Housing Development, within 10 days of the date of the notice from the HA. The Tenant may request a hearing, which will be handled according to the HA's established grievance procedure. The pet may remain with the tenant during the hearing process unless the HA has determined that the pet may be a danger or threat to the safety and security of other persons. If this determination has been made by the HA, the pet must be immediately removed from the unit upon receipt of the notice from the HA.*
5. *The Tenant is solely responsible for cleaning up the waste of the pet within the Dwelling and on the premises of the public housing development. If the pet is taken outside it must be on a leash at all times. If there is any visible waste by the pet it must be disposed of in a plastic bag, securely tied and placed in the garbage receptacle. If the HA staff is required to clean any waste left by a pet, the Tenant will be charged \$25.00 for the removal of the waste.*
6. *The Tenant shall have pets restrained so that maintenance can be performed in The apartment. The Tenant shall, whenever an inspection or maintenance is scheduled, either be at home or shall have all animals restrained or caged. If a maintenance person enters an apartment where an animal is not restrained, maintenance shall not be performed, and the Tenant shall be charged a fee of \$25.00. If this same situation again occurs, the pet shall be removed from the premises. Pets that are not caged or properly restrained may be impounded and taken to the local Humane Society. It shall be the responsibility of the Tenant to reclaim the pet at the expense of the Tenant. Also, if a member of the HA staff takes a pet to the Humane Society the Tenant will be charged an additional \$50 to cover the expense of taking the pet(s) to the Humane Society.*

*The housing authority shall not be responsible if any animal escapes from the residence due to maintenance, inspections or other activities of the landlord.*

**7. Pets may not be bred or used for any commercial purposes.**

## **SECTION II**

### **SCHEDULE OF ANNUAL FEES AND INITIAL DEPOSIT**

#### **FEE AND DEPOSIT SCHEDULE**

*(An Annual Fee and Deposit is required for each pet)*

Type of Pet	Deposit	Fee
<i>Dog</i>	<i>\$150</i>	<i>\$250</i>
<i>Cat</i>	<i>100</i>	<i>150</i>
<i>Fish Aquarium</i>	<i>50</i>	<i>100</i>
<i>Fish Bowl (requires no power &amp; no larger than two gal.)</i>	<i>0</i>	<i>25</i>
<i>Caged Pets</i>	<i>100</i>	<i>150</i>

*Note: The above schedule is applicable for each pet; therefore, if a tenant Has more than one pet he or she must pay the applicable annual Fee and deposit for each pet.*

*The entire annual fee and deposit (subject to the exception listed below) must be paid prior to the execution of the lease addendum. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy.*

*The annual fee shall be paid at the time of reexamination each year and all proof of inoculations and other requirements shall be made available to the HA at such time. THE ANNUAL FEE IS NOT REIMBURSABLE. The deposit made shall be utilized to offset damages caused by the pet and/or tenant. Any balance, if any, from the deposit will be refunded to the tenant. THERE SHALL BE NO REFUND OF THE ANNUAL FEE.*

*It shall be a serious violation of the lease for any tenant to have a pet without proper approval and without having complied with the terms of this policy. Such violation shall be considered to be a violation of Paragraph IV (L) of the lease (a serious violation) and the HA will issue a termination notice. The tenant will be entitled to a grievance hearing in accordance with the provisions of Paragraph 5 of this Pet Policy or the Grievance Procedure, as applicable.*

**RESIDENT ACKNOWLEDGEMENT**

After reading and/or having read to me this lease addendum, I \_\_\_\_\_  
Agree to the following: (Print Name)

*I agree to abide by the requirements outlined in this lease addendum for pet ownership and to keep the pet(s) in accordance with this lease addendum.*

*I agree and understand that I am liable for any damage or injury whatsoever caused by pet(s) and shall pay the landlord or applicable party for any damages or injury caused by the pet(s). I also realize that I should obtain liability insurance for pet ownership and that paying for the insurance is my responsibility.*

*I agree to accept full responsibility and will indemnify and hold harmless the landlord for any claims by or injuries to third parties or their property caused by my pet(s).*

*I agree to pay a non-refundable annual fee of \$\_\_\_\_\_ to cover some of the additional operating cost incurred by the HA. I also understand that this fee is due and payable prior to the execution of this lease addendum and each twelve months thereafter.*

*I agree to pay a refundable pet deposit of \$\_\_\_\_\_ to the HA. The Annual Fee and Initial Deposit must be paid prior to the execution of this lease addendum. The pet deposit may be used by the Landlord at the termination of the lease toward payment of any rent or toward payment of any other costs made necessary because of Tenant's occupancy of the premises. Otherwise, the pet deposit, or any balance remaining after final inspection, will be returned to the Tenant after the premises are vacated and all keys have been returned.*

*I AGREE AND UNDERSTAND THAT ALL INFORMATION CONCERNING MY PET(S) MUST BE UPDATED ANNUALLY AND PROVIDED TO THE HA AT THE ANNUAL REEXAMINATION. ANNUAL FEES SHALL BE PAYABLE IN FULL TWELVE MONTHS FROM THE APPROVAL DATE.*

*I AGREE AND UNDERSTAND THAT VIOLATING THIS LEASE ADDENDUM MAY RESULT IN THE REMOVAL OF THE PET(S) FROM THE PROPERTY OF THE HA AND/OR EVICTION. I, ALSO UNDERSTAND THAT I MAY NOT BE ALLOWED TO OWN ANY TYPE OF PET IN THE FUTURE WHILE BEING AN OCCUPANT OF THE HA,*

*I ALSO UNDERSTAND THAT I MUST OBTAIN PRIOR APPROVAL FROM THE HA BEFORE MAKING A CHANGE OF A PET FOR WHICH THIS POLICY WAS APPROVED OR ADDING A SECOND PET. ALSO, A PICTURE MAY BE TAKEN BY THE HA STAFF OF THE PET(S) FOR DOCUMENTATION.*

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Authority Representative Signature

\_\_\_\_\_  
Date

ATTACHMENT F

# **THE STEVENSON AL. HOUSING AUTHORITY COMMUNITY SERVICE REQUIREMENTS POLICY**

## **I. COMMUNITY SERVICE REQUIREMENTS**

- A. Based on federal requirements (Ref: 24 CFR 960.600) all public housing Residents must comply with the requirements of performing community service as outlined in this policy. All non-exempt residents eighteen (18) years of age or older must perform volunteer work or duties that are a public benefit and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. This requirement is effective with resident reexaminations of family income and composition on or after July 1, 2001. For example, if a head of household's reexamination date is July 1, 2001, the resident(s) must comply with the community services requirement and perform eight (8) hrs of community service per month effective July 1, 2001.**
- B. All non-exempt residents must meet the following criteria during each 12 Month period of their dwelling lease by:**

  - 1. Contribute 8 hours per month of community service (not including Political activities); or**
  - 2. Participate in an economic self-sufficiency program for 8 hours per Month; or**
  - 3. Perform 8 hours per month of combined activities as described in 1 and 2 above.**

## **I. CRITERIAL FOR EXEMPT STATUS**

***In accordance with Section XXV 11.B of the Admissions and Continued Occupancy Policy the following adult family members are exempt from performing community service:***

- A. 62 years of age or older – since the date of birth is verified at admission the birth date specified in the Stevenson Alabama Housing Authority accounting system will be the date used to establish the age of a person.**
- B. Persons with qualifying disabilities which prevents the individual's Compliance. The individual must provide appropriate documentation To support the qualifying disability.**

**Note:** Individuals that qualify for a disability for occupancy reasons meet

**This requirement and no additional information will be required to be exempted from the community service requirement. Also, other persons may be exempted in this category if they provide a written Doctors statement, which specifies their medical condition and that they are not**

**Capable of complying with the community service requirement due to their medical condition.**

- C. Persons engaged in work activities as defined in section 407.(d) of the Social Security Act. This would be employment with any Agency, organization or self-employment that is issued a license to conduct business and the resident pays into the Social Security System.***
- D. Persons participating in at least eight (8) hours a month in a welfare-to-Work program. An example in this category is the JOBS program, which is administered by the Department of Human Resources.***
- E. Person receiving assistance from and in compliance with a State Program funded under Part A, Title IV of the Social Security Act. This would be programs funded through the Department of Human Resources.***

***I. PROOF OF COMPLIANCE WITH THE COMMUNITY SERVICE REQUIREMENT***

***Each head of household must present to the Stevenson Alabama Housing Authority Executive Director documentation that he/she and all other persons eighteen years of age or older living in the household, who are not exempt has complied with this section. The documentation must be provided to the Executive Director, by the head of household, at least 20 calendar days prior to the required annual reexaminations of family income and composition. Documentation may include a letter from the agency on letterhead or other official document. The letter or other official document must contain the following information:***

- A. Agency Name***
- B. Officials Name from Agency and Title***
- C. Total hours worked by resident***
- D. Sign and date for following certification: I, \_\_\_\_\_  
Certify that \_\_\_\_\_ has performed eight (8) hours per month of volunteer community service work for this agency over the past twelve months for the total number of hours indicated.***
- E. The letter must be signed and dated by the certifying official.***

**NOTE: AT THE HEAD OF HOUSEHOLDS OPTION A CERTIFICATION FORM PREPARED BY THE STEVENSON ALABAMA HOUSING AUTHORITY MAY BE OBTAINED FROM THE OFFICE OF MANAGEMENT AND USED BY THE AGENCY TO MAKE THE CERTIFICATION OF COMPLIANCE TO THE STEVENSON ALABAMA HOUSING AUTHORITY. (SEE ATTACHMENT No. 1)**



**IV: FAILURE TO COMPLY WITH THE COMMUNITY SERVICE REQUIREMENTS**

*The Stevenson Alabama Housing Authority will verify compliance of each applicable family member, who is required to fulfill the community service requirement during annual reexamination. If the head of household fails to provide the signed certification to the Stevenson Alabama Housing Authority, a determination of noncompliance will be made and the resident notified, in writing, of their noncompliance (See attachment No. 2). The letter will explain the resident's status and what actions the resident must take to remedy to noncompliance (See attachment no. 3).*

**V: QUALIFYING AGENCIES AND OTHER AGENCY APPROVALS FOR VOLUNTEER COMMUNITY SERVICE**

*Any agency that is designated as a non-profit agency and serves the public is an authorized agency for performing community service. A partial list of qualifying agencies and/or organizations are: All Churches (check yellow pages for applicable telephone numbers), Jackson county chapter of American Red cross, programs associated with Department of Human Resources of Jackson County.*

*It is the responsibility of the resident to contact qualifying agencies and make the necessary arrangements to perform community service as outlined in this policy. Also, it is the responsibility of the Head of Household to ensure that all non-exempt family members complies with the community service requirements.*

**VI. QUALIFYING AGENCY FOR PARTICIPATION IN AN ECONOMIC SELF-SUFFICIENCY PROGRAM FOR 8 HOURS PER MONTH**

*As noted in Section I B 2 above, non-exempt residents may meet the community service requirements by participating in an economic self-sufficiency program. therefore, if a resident chooses to participate in an economic self-sufficiency program, the Head of Household must submit the name of the agency and/or organization to the Housing Manager, in writing, prior to performing the community service. A decision will be made on the agencies eligibility and the resident will be notified, in writing, if the agency is approved or disapproved. If the agency is disapproved, the resident is entitled to follow the grievance procedure to try and resolve the dispute.*

**VII. PROCEDURE FOR PROCESSING CHANGES TO EXEMPT OR NON-EXEMPT STATUS**

*The Head of Household must notify the Housing Manager within ten (10) calendar days after there is a change in any family members exempt status as defined in section II above. Therefore, a change from exempt to non-exempt or non-exempt to exempt must be reported by the Head of Household within ten (10) calendar days of the change for any affected household member.*

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**Printed Name and Address of Head of Household**

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*Signature of Head of Household*

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*Date*

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*Signature of Housing Authority Representative*

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*Date*

**ATTACHMENT G**

**THE HOUSING AUTHORITY OF THE CITY OF STEVENSON, ALABAMA**

**ADMISSIONS POLICY FOR DECONCENTRATION**

- 1. Objective:** *The objective of the Deconcentration Rule for Public Housing is to ensure that families are housed in a manner which will prevent a concentration of poverty families and/or concentration of higher income families in any one development. The specific objective of the housing authority is to house no less than 40% of its public housing inventory with families that have income at or below 30 percent of the area median income by public housing development. Also the housing authority will take actions to ensure that no individual development has a concentration of higher income families in one or more of the developments. To ensure that the housing authority does not concentrate families with higher income levels. It is the goal of the housing authority not to house more than 60 percent of its units in any one development with families whose income exceeds 30 percent of the area median income.*

*The housing authority will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the housing authority's computer software.*

- 2. Action:** *To accomplish the deconcentration goals, the housing authority will take the following actions:*
- A.** *At the beginning of each housing fiscal year, the housing authority will establish a goal of housing 40 percent of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking 40 percent of the total Number of move-ins from the previous housing authority fiscal year.*
- B.** *To accomplish the goals of:*
- (1)** *Housing not less than 40 percent of its public housing inventory on an annual basis with families at or below 30 percent of the area median income, and*
- (2)** *Not housing families with income that exceeds 30 percent of the area median income in developments that have 60 percent or more of the total household living in the development with incomes that exceed 30 percent of the area median income, the housing authority's Tenant Selection and Assignment Plan, which is a part of this housing authority's Admissions and Continued Occupancy Policy, provides for skipping families on the waiting list to Accomplish these goals.*

**SECTION 8 TENANT BASED ASSISTANCE PROGRAM**  
**DECONCENTRATION POLICY**

**OBJECTIVE:** *The objective of the Deconcentration Rule for Section 8 Tenant-Based Assistance Program is to admit no less than 75 percent of its new admissions to the program to families that have income at or below 30 percent of the area median income. The Housing authority will track the status of all new admissions monthly by utilizing income reports generated by the Housing Authority's Computer software system.*

**GOAL:** *Our goal will be tracked monthly and if the housing authority is not reaching its goal, families will be skipped on the waiting list to admit a family that has income that is at or below 30 percent of the area median income. The practice will continue until the housing authority achieves its goal. The housing authority's Section 8 applicant selection process, which is contained in the Section 8 Administrative Plan provides for the skipping of families on the waiting list to accomplish this goal.*

*This Policy adopted by the Board of Commissioners of the Stevenson Alabama Housing Authority on February 21, 2000 by a Unanimous vote.*



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